



**NORTH INDIANA CHRYSALIS COMMUNITY YOUTH WALK  
CHRYSALIS FLIGHT**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Name wished on nametag: \_\_\_\_\_

Grade \_\_\_\_ Age \_\_\_\_ Birthday \_\_\_\_\_ Sex \_\_\_\_ T-shirt size \_\_\_\_\_

Parents Names \_\_\_\_\_

Name & Denomination of church you attend \_\_\_\_\_

Church Address \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Religious or Community Organizations \_\_\_\_\_

School Activities \_\_\_\_\_

Has the Chrysalis weekend been explained to you? \_\_\_\_\_

Have Chrysalis follow up activities been explained to you? \_\_\_\_\_

State briefly why you wish to participate in Chrysalis and what you expect from the weekend.

Sponsor's Name/Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Do you need financial Assistance? \_\_\_\_ Yes \_\_\_\_ No

**To be completed by Parent or Guardian:**

\_\_\_\_\_ has my permission to attend the Chrysalis weekend. In the event of an emergency, and I/we cannot be reached by phone, the Chrysalis staff has permission to secure the services of licensed medical professionals to provide the care necessary, including anesthesia, for my child's well being.

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_ If

above cannot be reached, call \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical allergies, medications being taken, special diets, medical problems, or any other pertinent information. \_\_\_\_\_

Applicants are eligible from the summer before their Sophomore year in high school through the summer after their freshman year in college.

Please enclose a non-refundable pre-registration deposit of \$60.00. This leaves a \$60.00 balance. **For a total of \$120.00**

This price is subject to change.

Make your check payable to:

**NIEC**

This completed form, together with your check, must be returned by your sponsor with a completed sponsor form. (sponsor has the address)

You will be notified of your acceptance, together with the date of your flight.